

# EXHIBIT “5”



ARIF S. IZMIRLIGIL, D.D.S.

4665 Nesconset Hwy.

Port Jefferson Station, NY 11776

Telephone: (631) 642-1600

Fax: (631) 642-9281

SPS, Inc.  
P.O Box 7277  
Springfield, OH 45501-7277

12/25/2013

American Security Insurance Company  
P.O Box 50355  
Atlanta, GA 30302

Certified Return Receipt Mail No: 7013 1710 0000 6754 5155

Re: Request for Hazard Insurance for the Subject Property

ATTENTION TO SPS, INC AND AMERICAN SECURITY INSURANCE COMPANY

1. This responds to your correspondence dated December 16, 2013 and I declare that I have the Homeowners policy ("Hazard Insurance") for the Residence premises located at 15 Sailors Court, Miller Place, New York, 11764. The Policy period starts from July 26, 2013 to July 26, 2014.
2. JP. Morgan Chase Bank, NA as alleged Servicer of the subject loan, has all the necessary information in regard to my Hazard Insurance and required "Mortgage Clause" on my policy. Alternatively, use attached "Notice of Assignment" dated November 1, 2013 which indicates that "Transfer of the Servicing of the Mortgage loan does not affect any term or the Condition of the Instruments" from Chase to SPS, Inc.  
Since the Policy Period covers from July 26, 2013 to July 26, 2014 and "paid in full" by me until July 26, 2014, please contact your "Assignor" Chase Bank for any additional information.
3. Any attempt "to buy insurance" or "to issue coverage" without "My Authorization" on behalf of me for my residence, will be a violation of my legal rights and will be subject to Court action.
4. Start communicating through my legal representative and do not contact me directly, I already sent my "Cease and Desist Contact Letter" twice and SPS, Inc. is in violation of my Legal rights. I demand an end to this "Harassment" immediately or I will move the same Court through my attorney for a "Restraining Order" against SPS, Inc.

CC: Ronald D. Weiss, Esq.  
Enc: Cease and Desist Letter  
Enc: ASIC Letter and SPS Letter.  
Enc: Declaration Page of Hazard Insurance Policy

Dr. Arif S. Izmirligil

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Select Portfolio Servicing, Inc.  
 Attn: Cameron Lockett  
 P.O. BOX 65250  
 Salt Lake City, UTAH 84165

## 2. Article Number

(Transfer from service label)

7013 1710 0000 6754 5179

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

Wendy Daniels

☐ Agent☐ Addressee

## B. Received by (Printed Name)

Wendy Daniels

## C. Date of Delivery

DEC 30 2013

## D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

## 3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

## U.S. Postal Service™

## CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

SALT LAKE CITY UT 84165

Postage	\$	\$0.66	0766
Certified Fee		\$3.10	08
Return Receipt Fee (Endorsement Required)		\$2.55	
Restricted Delivery Fee (Endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.31	12/26/2013

Postmark  
Here

## Sent To

PS, Inc.

Street, Apt. No.,  
or PO Box No.

Attn: Cameron Lockett

City, State, ZIP+4

P.O. BOX 65250  
Salt Lake City, UTAH 84165

PS Form 3800, August 2006

See Reverse for Instructions

7013 1710 0000 6754 5179

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>TM</sup> RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

ATLANTA GA 30302

Postage	\$ 0.46	0766
Certified Fee	\$3.10	08
Return Receipt Fee (Endorsement Required)	\$0.00	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 3.56	12/26/2013

Sent To  
 American Security Ins. Company  
 Street, Apt. No.,  
 or PO Box No. P.O. Box 50355  
 City, State, ZIP+4 Atlanta, GA 30302  
 PS Form 3800, August 2006 See Reverse for Instructions

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>TM</sup> RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

SPRINGFIELD OH 45501

Postage	\$ 0.66	0766
Certified Fee	\$3.10	08
Return Receipt Fee (Endorsement Required)	\$2.55	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.31	12/26/2013

Sent To Select Portfolio Servicing, Inc.  
 Alt. Insurance Dept.  
 Street, Apt. No.,  
 or PO Box No. P.O. Box 7277  
 City, State, ZIP+4 Springfield, OH 45501-7277  
 PS Form 3800, August 2006 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Select Portfolio Servicing, Inc.  
 Alt. Insurance Dept.  
 P.O. Box 7277  
 Springfield, OH 45501-7277

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☐ Agent  
☒ Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☐ No

DEC 31 2013

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service label)

7013 1710 0000 6754 5155

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Setat Portfolio Servicing, Inc.  
Tax Department  
1123 Parkview Drive  
Covina, CA 91724

## 2. Article Number

(Transfer from service label)

7013 1710 0000 6754 5162

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X *Robin Citanese* ☐ Agent ☐ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

*Robin Citanese* *12-30-13*

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☒ No

## 3. Service Type

☒ Certified Mail ☐ Express Mail  
☒ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

## U.S. Postal Service™

## CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

COVINA CA 91724

Postage	\$	\$0.66
Certified Fee		\$3.10
Return Receipt Fee (Endorsement Required)		\$2.55
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$6.31

0786  
08  
Postmark  
Here

12/26/2013

## Sent To

*SPS/Tax Department*Street, Apt. No.,  
or PO Box No.*1123 Parkview Drive*

## City, State, ZIP+4

*Covina, CA 91724*

PS Form 3800, August 2006

See Reverse for Instructions

7013 1710 0000 6754 5162